

Consultant psychiatrist job description and person specification

The following job description is provided as a resource to the recruiting trust and may be used as a template. It is not designed to be exhaustive and should be amended locally as needed.

| | |
|--|---|
| Post and specialty: | Consultant Psychiatrist in XXXX Psychiatry Post synopsis or summary and a statement as to whether this is a new post (with the rationale for its development) or an established post. |
| Base: | XXXX |
| Contract: | Number of programmed activities: XX |
| Accountable professionally to: | e.g. Medical Director |
| Accountable operationally to: | e.g. Clinical Director <u>or</u> Head of Service |
| Key working relationships and lines of responsibility: | Line Manager : Team Lead : Locality Manager : Clinical Director : Associate Clinical Director : Responsible Officer : Head of Service : Deputy Medical Director : Director of Operations : Medical Director : Chief Executive : |



1. Introduction

XXXX Trust provides a range of mental health, learning disability and substance misuse services for XXXX people living in XXXX.

Insert map of trust area.

2. Trust details

Description of trust, staff numbers, income, operational directorates etc.

3. Service details

Describe the operations of the local services to which this consultant post relates, and the expectations from the consultant of both clinical input and service developmental time.

Make reference to the team composition, patterns of referral and system for dealing with caseload flow. Give examples of the number of new referrals per week and how the team assesses and allocates referrals, expected caseload numbers per team member and the role expected of the psychiatrist within the team. Highlight any trust-based examples of good clinical practice or locally based services that provide extra resources, and references on trust or SHA/CCG websites; for example, local specialist services and beacon sites.

Give clear reference to the other teams and resources that relate to this service (to give a picture of how this post fits within the larger trust service strategy).

Specifically identify the following issues:

- The local population needs, i.e. deprivation indices, demographics. What sort of demand is expected?
- Availability of other local mental health services, e.g. child and adolescent mental health services (CAMHS), older people's mental health (OPMH)
- Inpatient facilities
- Crisis Resolution and Home Treatment (CRHT) teams, other CMHTs, AOTs, forensic, addictions, EIP
- Trust-wide consultant network.

Give further detail in section 12 on clinical duties.

4. Local working arrangements

An example is given below of a section that describes the service in which the consultant psychiatrist will be expected to work and the resources made available to support that work:

The Trust is seeking a consultant psychiatrist to join the Eastern Community Mental Health Team. The vacancy has arisen as the result of a retirement, and the Trust regards this as an opportune moment to develop the functioning of the team. The service covers the eastern area of the town, an area of particular social deprivation with considerable drug and alcohol-related difficulties in the local population. The post holder will carry no responsibility for inpatients.

The team consists of:

- 1 whole time equivalent (WTE) consultant psychiatrist
- 1 WTE specialty registrar
- 1 WTE medical secretary, Band XX
- 6 WTE community psychiatric nurses – one advanced nurse practitioner with supplementary prescribing skills, Band XX
- 0.5 WTE social worker
- 0.5 WTE senior occupational therapist, Band XX
- 0.2 WTE consultant psychologist
- 0.8 WTE support time and recovery worker
- 2 x 0.5 WTE support workers.

The team expects to receive on average seven new referrals a week and has in place a rapid assessment triaging service that is multi-disciplinary in nature, allowing assessment of up to 10 cases within 48 hours of receipt of referral. It is expected that all team members (apart from the support workers) carry roughly equivalent numbers of cases as care co-ordinators. The consultant psychiatrist is expected to carry a compact caseload of the most complex and unstable cases, but will also be available at short notice to provide consultation and advice to other team members, although they are not required to act as care co-ordinator.

The Eastern Team is one of four CMHTs providing services to the town.

Consultant psychiatrist colleagues are as follows:

- Northern team – Dr Red
- Western team – Dr Yellow
- Southern team – Dr Green
- Eastern team – this post.

Inpatient services are provided in a new purpose-built 40-bedded unit four miles from the team base.

A dedicated inpatient consultant psychiatrist and related team provide care for inpatients.

The team is also supported by a CRHT service, which deals with all crisis referrals from 9am to 9pm with an on-call service thereafter. The CRHT team deals with all emergency Mental Health Act referrals and A&E liaison calls.

An AOT service provides intensive care to the difficult-to-engage clients and accepts on average 80% of referrals from the team. The team is also supported by an addictions team, an EIP service and forensic services, which provide a local medium secure and low secure service.

While primarily responsible for delivering a quality clinical service, the consultant psychiatrist is also expected to be actively involved in the strategic development of the team and broader services, being involved with the team manager and locality manager in helping to steer the development of the service in line with the strategic direction of the organisation.

5. Continuing professional development (CPD)

- Expectation to remain in good standing for CPD with the Royal College of Psychiatrists.

- Local arrangements for peer review group.
- Trust support for CPD activities, including study leave arrangements and appropriate funding.

6. Clinical leadership and medical management

- Trust medical management framework.
- Local clinical leadership arrangements.
- Participation in business planning for the locality and, as appropriate, contribution to the broader strategic and planning work of the trust.
- Leading the improvement of the quality of care within the team and contribute to improving quality across the system.

7. Appraisal and job planning

- Trust commitment to implementation of annual consultant appraisal, outlined in the NHS Executive Advance Letters (MD) 6/00 and (MD) 5/01.
- Trust process, including linkage to job planning.
- Trust processes to support appraisal, links to revalidation; named Responsible Officer.
- Details of any Consultant Induction Programme and mentoring scheme / arrangements.

8. Teaching and training

- Teaching commitments of post, and support in place to achieve these.
- Trust-wide teaching.
- Teaching arrangements in locality/team.
- Participation in undergraduate and postgraduate clinical teaching.
- Participation in the training of other disciplines.
- Providing educational supervision of trainees and other disciplines.
- Taking part in continuing medical education within statutory limits.

9. Research

- Synopsis of R&D department; trust research strategy, link with clinical research networks and university as applicable.
- Support facilities.
- Specific research and development responsibilities expected of the post holder.

10. Mental Health Act and Responsible Clinician approval

- The post holder would be expected to be approved as a Responsible Clinician or be willing to undertake training to obtain Section 12(2) MHA and will be expected to renew this approval according to agreed procedures.

11. Secretarial support and office facilities

- Specific consultant secretarial support arrangements, including arrangements for other team members; please refer to College [guidance on accommodation and administrative support](#), revised in November 2016.
- Other administrative support (detail).
- Office arrangements for consultant, taking into account the need for confidentiality, security of information and supervision requirements of post.

12. Clinical duties of post holder

This should include specific details of the clinical work of the post, which should be clearly linked to the indicative timetable. For example:

- For inpatient post, numbers of beds, localities/teams covered, ward reviews/Care Programme Approach etc.
- For community posts, numbers of referrals, team meetings, supervision of team members.
- Management of complex cases.
- Clinical leadership of team.
- Role in assessment of referrals/admissions.
- Care plan and treatment formulation, guidance on evidence-based treatment and effectiveness.
- Liaison and collaborative working with other services/agencies.
- Mental Health Act implementation.
- Multi-disciplinary, multi-agency and partnership working.
- Other clinical duties, e.g. substance misuse.

13. Training duties

- Participation in undergraduate and postgraduate clinical teaching.
- Participation in the training of other disciplines.
- Providing educational supervision of trainees and other disciplines.
- Taking part in continuing medical education within statutory limits.

14. Clinical governance and quality assurance

- Expected contribution to clinical governance and responsibility for setting and monitoring standards.
- Participation in clinical audit and other local assurance processes.
- Participation in service/team evaluation and the planning of future service developments.

15. Quality improvement

- Leads and manages a team in a way that supports the development of a culture of continuous improvement and learning.
- Utilises a quality improvement approach to think systemically about complex problems, develop potential change ideas and test these in practice using a systematic QI methodology.
- Empowers the team to resolve local issues on a daily basis using the tools and method of quality improvement without staff having to seek permission.
- Promotes awareness and understanding of quality improvement, and shares learning and successes from quality improvement work.

16. General duties

- To manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the medical director and in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.
- To ensure that junior medical staff working with the post holder operate within the parameters of the New Deal and are Working Time Directive compliant.

- To undertake the administrative duties associated with the care of patients.
- To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.
- To participate in service and business planning activity for the locality and, as appropriate, for the whole mental health service.
- To participate in annual appraisal for consultants.
- To attend and participate in the academic programme of the Trust, including lectures and seminars as part of the internal CPD programme.
- To maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.
- To participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- To work with local managers and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- To comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

17. External duties, roles and responsibilities

The Trust actively supports the involvement of the consultant body in regional and national groups subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

18. Other duties

From time to time it may be necessary for the post holder to carry out such other duties as may be assigned, with agreement, by the Trust. It is expected that the post holder will not unreasonably withhold agreement to any reasonable proposed changes that the Trust might make.

19. Work programme

It is envisaged that the post holder will work XX programmed activities over XX days. Following appointment there will be a meeting at no later than three months with the clinical manager to review and revise the job plan and objectives of the post holder. The overall split of the programmed activities is 7.5 to be devoted to direct clinical care and 2.5 to supporting professional activities (as per the Royal College of Psychiatrists recommendation). The timetable is indicative only. A formal job plan will be agreed between the post holder and associate medical director or clinical manager three months after commencing the post and at least annually thereafter.

20. On-call and cover arrangements

- Details of on-call rotas, frequency, area/services covered, trainee support, other out-of-hours services, e.g. crisis teams.
- On-call supplement.
- Cover arrangements for post holder and responsibilities for covering colleagues during leave.

21. Wellbeing

- Effective local occupational health support (confidential, includes modalities of self-referral, promoted regularly at induction and when in post)

e.g. The post holder will have access to the Occupational Health (OH) Department, (full address, telephone and email). The OH team has access to a physiotherapist and psychologist, and the post holder may self refer or be referred through their manager. The post holder will have access to the 24 hour Health Assured service, which provides free counselling, including face-to-face, and well as legal and financial support, online CBT and wellbeing resources. Information about Occupational Health and Health Assured will be disseminated at the induction and regularly when in post to ensure the post holder has timely access to the details if help seeking is necessary.

- Proactive local organisational systems to support doctors' wellbeing following serious incidents

e.g. Supporting the wellbeing of the post holder after serious incidents that involve patients in their care (e.g. homicide or suicide) is paramount, and a dedicated senior clinician will provide support and advice as needed after the incident. Details of the senior clinician able to offer this support will be provided via the Medical Directorate at the time of initial induction.

- Timely job planning reviews when there are changes in regard to the pre-agreed workload

e.g. If there are changes to the pre-agreed workload (e.g. unexpected cover of a different unit/service outside the casual cross-cover arrangement) a timely meeting with the line manager before cover starts will enable discussion of the feasibility of the change within the constraints of needing to manage a safe workload. Additional support will be sourced if required. A timely job plan adjustment will be arranged if a new working arrangement is to proceed.

- Availability of local initiatives/resources that promote workforce wellbeing (example: self-care, work-life balance, stress management, coaching/mentoring, peer group support, Balint groups for consultants/SAS)

e.g. The trust has several initiatives to support wellbeing that the post holder is encouraged to participate in. These currently include flexible working, flexible retirement, season ticket scheme, lease vehicle scheme, cycle scheme, retail and restaurant discounts, eye test scheme, free health checks, menopause support, gym discounts, wellbeing events, mindfulness courses, wellbeing walks and jogs, and parenting workshops. The post holder will form part of a consultant peer group who meet regularly.

22. Contract agreement

The post will be covered by the terms and conditions of service for Hospital Medical and Dental staff (England and Wales) as amended from time to time. Contracts have been agreed with the BMA local negotiators, but individuals may wish to discuss this further before acceptance

23. Leave

The post-holder is entitled to **XX** days of annual leave per year and **XX** days study leave over three years.

24. Visiting arrangements (key contact numbers, trust website etc.)

Suggested draft timetable:

| Day | Time | Location | Work | Category | No. of PAs |
|--|------------------------------------|----------|------|-----------|------------|
| Monday | AM | | | DCC / SPA | |
| | PM | | | DCC / SPA | |
| Tuesday | AM | | | DCC / SPA | |
| | PM | | | DCC / SPA | |
| Wednesday | AM | | | DCC / SPA | |
| | PM | | | DCC / SPA | |
| Thursday | AM | | | DCC / SPA | |
| | PM | | | DCC / SPA | |
| Friday | AM | | | DCC / SPA | |
| | PM | | | DCC / SPA | |
| Unpredictable / emergency on-call work | | | | | |
| Total PAs | Direct clinical care | | | | XX |
| | Supporting professional activities | | | | XX |

25. Approval of this job description by the Royal College of Psychiatrists

This job description and person specification was approved by the Royal College of Psychiatrists' regional advisor on **DD/MM/YYYY**.

Appendix 1: Sample person specification/selection criteria for consultant

Abbreviations for when assessed: Scr: Screening prior to short-listing

SL: Short-listing from application form

AAC: Advisory Appointments Committee

Ref: References

Pres: Presentation to AAC panel

As an Equal Opportunities employer, the Trust welcomes applications from candidates with lived experience of mental health issues.

| | ESSENTIAL | WHEN ASSESSED | DESIRABLE | WHEN ASSESSED |
|----------------|---|---------------|---|---------------|
| QUALIFICATIONS | MB BS or equivalent medical qualification. | Scr | Qualification or higher degree in medical education, clinical research or management. | SL |
| | | | MRCPsych | Scr |
| | | | Additional clinical qualifications. | SL |
| ELIGIBILITY | Fully registered with the GMC with a licence to practise at the time of appointment. | Scr | In good standing with GMC with respect to warning and conditions on practice | Scr |
| | Included on the GMC Specialist Register OR within six months. | Scr | | |
| | Approved clinician status OR able to achieve within 3 months of appointment | Scr | | |
| | Approved under S12 OR able to achieve with 3 months of appointment | Scr | | |
| TRANSPORT | Holds and will use valid UK driving licence OR provides evidence of proposed alternative. | Scr | | |

| | ESSENTIAL | WHEN ASSESSED | DESIRABLE | WHEN ASSESSED |
|--|---|--|--|---------------|
| CLINICAL SKILLS, KNOWLEDGE & EXPERIENCE | Excellent knowledge in specialty | SL, AAC, Ref | Wide range of specialist and sub-specialist experience relevant to post within NHS or comparable service | SL, AAC |
| | Excellent clinical skills using bio-psycho-social perspective and wide medical knowledge | SL, AAC, Ref | | |
| | Excellent oral and written communication skills in English | SL, AAC, Ref | | |
| | Able to manage clinical complexity and uncertainty | AAC | | |
| | Makes decisions based on evidence and experience including the contribution of others | AAC | | |
| | Able to meet duties under MHA and MCA | AAC | | |
| ACADEMIC SKILLS & LIFELONG LEARNING | Able to deliver undergraduate or postgraduate teaching and training | SL, Pres, AAC | Able to plan and deliver undergraduate and postgraduate teaching and training relevant to this post | SL, AAC |
| | Ability to work in and lead team | SL, AAC | Reflected on purpose of CPD undertaken | SL, AAC |
| | Demonstrate commitment to shared leadership & collaborative working to deliver improvement. | SL, AAC | | |
| | Participated in continuous professional development | SL, AAC | Experienced in clinical research and / or service evaluation. | SL, AAC |
| | Participated in research or service evaluation. | SL, AAC | | |
| | Able to use and appraise clinical evidence. | SL, AAC, Pres | Evidence of achievement in education, research, audit and service improvement: awards, prizes, presentations and publications. | SL |
| Has actively participated in clinical audit and quality improvement programmes | SL, AAC, Pres | Has led clinical audits leading to service change or improved outcomes to patients | SL, AAC | |